

Bureau of Human Resources/Office of Retirement

**MARRIAGE AFTER RETIREMENT (FSRDS, FSPS) NOTIFICATION
AND ELECTION OF SURVIVOR BENEFITS (ANNUITY) APPLICATION PROCESS**

For additional information on survivor benefits for your new spouse, please refer to the Notification of Marriage After Retirement Form (the next page). To apply, complete the form (in triplicate) and return it along with the Eligibility Statement (Form Page 2 of 2), certified copies of the marriage certificate, your spouse's birth certificate, and any other documents indicated on the form.

The level of survivor benefits you elect for your new spouse must be indicated on the form. In the event you die and are survived by your current spouse, your widow would be entitled to the survivor annuity and would retain eligibility to continue coverage under your enrollment in the Federal Employees Health Benefits Program (FEHB), as long as you are enrolled for family coverage at the time of your death.

If you wish to provide FEHB coverage for your new spouse, please complete the Standard Form 2809, Health Benefits Registration Form. The change may be requested 30 days before or up to 60 days after the date of your marriage. Otherwise, you must wait for the next FEHB Open Season.

Please Note Completion of the SF-2809 does not constitute an election of survivor benefits (Annuity). You may elect one, the other, or both. If you elect "NO SURVIVOR BENEFITS" on this form, your spouse will not be eligible for Federal Employees Health Benefits after your death.

We have also listed SF-2823, Designation of Beneficiary, for your life insurance, and DS-5002, Designation of Beneficiary (for Annuity due up to time of death), for the Foreign Service Retirement System, which you may wish to complete. Please return TWO copies of both forms to us for certification, the duplicates will then be returned to you.

The recomputation of reduced annuity is effective the first of the month following one year of marriage. A survivor is eligible to receive benefits after nine months of marriage or in the event of accidental death.

RECOMMENDED FORMS

DS-5071 Notification of Marriage After Retirement and Election of Survivor Benefits (Annuity)

SF 2809 Federal Employees Health Benefits Program (FEHB)

SF 2823 Designation of Beneficiary (Life Insurance)

DS-5002 Designation of Beneficiary (For Unpaid Annuity Up To The Time of Death)

Warning Any intentional false statement in this election or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001).

PLEASE SUBMIT FORM TO

U.S. Department of State
Office of Retirement HR/RET
Room H-620, SA-1
2401 E Street NW
Washington, DC 20522-0108

Telephone Number (202) 261-8960
Facsimile Number (202) 261-8988
E-mail Address RETServices@state.gov



U.S. Department of State

Bureau of Human Resources/Office of Retirement

**MARRIAGE AFTER RETIREMENT (FSRDS, FSPS)
NOTIFICATION AND ELECTION OF SURVIVOR BENEFITS (ANNUITY)**

(Submit three signed originals to The Department of State/Office of Retirement.)

| | |
|---|---------------------------------|
| Full Name of Annuitant (Last, First, Middle) <div></div> | |
| Birth Date (mm-dd-yyyy) | Social Security Number |
| Annuitant's Address (Apartment Number, Street) | |
| Address (City, State, ZIP Code) | Personal E-Mail Address |
| Telephone Number | Facsimile Number |
| Effective Date of Retirement (mm-dd-yyyy) | Date of Marriage (mm-dd-yyyy) |
| Retired From (Please Check One): <div><input type="checkbox"/> Commerce</div> <div><input type="checkbox"/> State</div> <div><input type="checkbox"/> AID</div> <div><input type="checkbox"/> Agriculture</div> <div><input type="checkbox"/> ICA/USIA</div> <div><input type="checkbox"/> Peace Corps</div> <div><input type="checkbox"/> Other _____</div> | |
| <p>An FSRDS annuitant may elect a survivor annuity for a spouse acquired after retirement, provided a written election to do so is received by the Department of State within one year of marriage. Restrictions apply if an employee (who was married at retirement) declined to elect the maximum survivor annuity for the spouse at retirement. The reduction for the survivor benefit is effective the first of the month, beginning one year after marriage.</p> <p>An FSPS annuitant may elect a survivor annuity for a spouse acquired after retirement, provided a written election to do so, is received by the Department of State within TWO years of marriage. The election and reduction are effective the first day of the second month after the election is received, but not less than nine months after the date of remarriage. A deposit for the survivor election is also required as explained in 5 USC 8418, and it may be paid by actuarial reduction.</p> | |
| I certify that I was unmarried at the time of my retirement. I hereby elect a survivor benefit to be paid to my spouse _____ upon my death. (First Name, Middle Name, Last Name) | |
| I further elect the amount of the benefit to be paid to my spouse shall be: _____ (if maximum is desired enter "Max"). FSRDS; \$12.00 to 55% of your Annuity. Cost = 2.5% reduction for first \$3,600.00 of base annuity plus 10% for any amount above \$3,600.00. FSPS; Choose 25% or 50%. Cost = 5% reduction in your annuity for 25% Survivor annuity or 10% reduction for 50% Survivor annuity. I understand my annuity will be reduced in accordance with Section 806(2) of the Foreign Service Act of 1980. | |
| Full Name Of Spouse (Last, First, Middle) <div></div> | |
| Spouse's Birth Date (mm-dd-yyyy) | Spouse's Social Security Number |
| Signature of Spouse | Date (mm-dd-yyyy) |
| Signature of Annuitant | Date (mm-dd-yyyy) |
| Warning Any intentional false statement in this election or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001). | |

Bureau of Human Resources/Office of Retirement

MARRIAGE AFTER RETIREMENT (FSRDS, FSPS)*(Submit three signed originals to The Department of State/Office of Retirement.)*

| | | |
|--|---------------------------------|--|
| Full Name of Annuitant <i>(Last, First, Middle)</i> | | |
| | | |
| Birth Date <i>(mm-dd-yyyy)</i> | Social Security Number | |
| | | |
| Full Name of Spouse | | |
| | | |
| Spouse's Birth Date <i>(mm-dd-yyyy)</i> | Spouse's Social Security Number | |
| | | |
| Date of Marriage | | |
| | | |
| SELECT AND COMPLETE ONE OF THE FOLLOWING STATEMENTS <i>(Please Check One):</i> | | |
| <input type="checkbox"/> I was not married at the time of my retirement and have not been married before. | | |
| <input type="checkbox"/> I was married previous to the time of my retirement to _____ | | |
| <i>(Previous Spouse's First Name, Middle Initial, Last Name)</i> | | |
| on _____ and the marriage was terminated by _____ | | |
| <i>Date (mm-dd-yyyy) (Cause)</i> | | |
| prior to my retirement and he/she is not eligible for survivor benefits. | | |
| Signature of Annuitant _____ Date <i>(mm-dd-yyyy)</i> _____ | | |
| | | |
| <u>NOTES</u> | | |
| A) UNLESS PREVIOUSLY PROVIDED TO HR/RET, CERTIFIED COPIES OF THE MARRIAGE CERTIFICATE AND YOUR SPOUSE'S BIRTH CERTIFICATE MUST ACCOMPANY THIS STATEMENT. | | |
| B) IF ITEM 2 WAS SELECTED ABOVE: UNLESS PREVIOUSLY PROVIDED TO HR/RET, THIS STATEMENT MUST ALSO BE ACCOMPANIED BY A DOCUMENT VERIFYING THE DISSOLUTION OF THE MARRIAGE (DEATH CERTIFICATE, DIVORCE DECREE/AGREEMENT, COURT ORDER, ANNULMENT). | | |
| | | |
| <u>RETURN ALL COMPLETED FORMS TO</u> | | |
| | | |
| U.S. Department of State Office of Retirement HR/RET Room H620, SA-1 2401 E Street NW Washington, DC 20522-0108 | | Telephone Number (202) 261-8960 Facsimile Number (202) 261-8988 E-mail Address RETServices@state.gov |
| Warning Any intentional false statement in this election or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years or both. (18 U.S.C. 1001). | | |